When to offer cervical screening

Screening techniques

When to offer cervical screening

Evaluate cervical cytology

Non-suspicious lesion e.g. polyp

Suspicous lesion or post-coital bleeding reported at time of smear

Abnormal cytology result following routine cytology screening

Normal cytology results

Routine cervical screening

Screening programme should automatically recall patient GP/practice nurse should ensure patient attends

See pathway Cervical Cancer – Suspected http://www.enhertscgg.nhs.uk/

Provide patient information

Surveillance

If inadequate sample please repeat

See pathway Cervical Cancer – Suspected http://www.enhertscgg.nhs.uk/

Click for more info
Routine cervical screening

Cervical screening detects precancerous changes of the cervix, known as cervical intraepithelial neoplasia (CIN):

• Before screening, explain the following to the woman:
  • what the condition cervical screening will detect, i.e. precancerous lesion
  • when and how results will be made available
  • the likelihood of a normal result (about 90%)
  • that a normal result implies low risk, not no risk
• The meaning of being recalled:
  • an inadequate/ unsatisfactory smear
  • an abnormal smear
  • that the vast majority of women recalled do not have cancer, any disease detected is treatable
• All females who have screening tests should receive a written statement of the results

Sources:
When to offer cervical screening

Offer cervical screening to:

- All women between the ages of 25 years and 64 years.
  - Age 25 years: first invitation.
  - Age 25–49 years: screening every 3 years.
  - Age 50–64 years: screening every 5 years.
- Women 65 years of age or older if:
  - They have not had a cervical screening test since 50 years of age.
  - A recent cervical cytology sample is abnormal.
- Women who are virgins — may choose not to have cervical screening, as their risk of cervical cancer is low.
- Women with cervical stenosis — refer to the colposcopy clinic for consideration of cervical dilatation.
- Women with a cervix that cannot be visualized — refer for colposcopy.
- Transgender men who have retained their cervix — these men should be included in the national cervical screening programme unless they have made an informed decision to opt out.
- Unscheduled cervical screening is not recommended unless the woman is immunosuppressed, where more frequent screening may be required. For more information, see the section on Cervical screening if immunosuppressed in CKS (see sources below).
- If the woman has symptoms or signs of possible gynaecological cancer — urgent referral and assessment of the cervix is required – see cervical cancer suspected pathway.

Sources:

Screening techniques

Screening methods:
- liquid-based cytology (LBC) is used as the primary means of processing samples in the cervical screening programme across the UK and has reduced the rate of inadequate tests taken
- fewer women have to undergo repeat testing and reduces anxiety associated with testing
- LBC facilitates reflex human papillomavirus (HPV) testing in certain circumstances, which can minimise repeat testing and women's apprehension concerning test results

HPV triage:
- If results show borderline or low grade abnormal cell changes (dyskaryosis), laboratories will perform an HR-HPV test
- Should the laboratory find HR-HPV, healthcare professionals should refer the woman for a colposcopy
- When HR-HPV is not detected, return women to routine screening

Sources:
Abnormal cytology result following routine cytology screening

Results following a cytology test that are classified as abnormal cytology include:
• borderline nuclear abnormality
• mild, moderate or severe dyskaryosis
• severe dyskaryosis or suspected invasive carcinoma
• glandular neoplasia or suspected glandular neoplasia

Abnormal results and contraception use:
• women with abnormal cervical screening results should not be advised to change from the oral contraceptive pill if it is a successful method of contraception
• an abnormal result should not influence the choice of contraception

Sources:
Information resources for patients and carers


‘Healthtalkonline’ from DIPEx: http://www.healthtalk.org/

‘Cervical cancer’ from Bupa: https://www.bupa.co.uk/

**Normal cytology results**

Results following a cervical cytology test that are classified as normal cytology include:

- negative
- negative but with incidental observations

Sources:

Surveillance

Surveillance and screening - ongoing screening is recommended for women:

- who have not been previously screened
- where previous screening is unlikely
- whose results are unknown
- with high risk factors
- women who have received human papillomavirus (HPV) vaccination should continue screening according to the guidelines
- the decision to stop screening should be made in consultation with the woman’s GP, considering issues such as potential benefits, harms and limitations of screening

Sources: